



California Childcare Health Program (CCHP)

E-News for

Child Care Health Consultants

February 2010

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The CCHP-CCHC eNews is a bi-monthly newsletter that provides timely information about resources, reports, and research that support the work of Child Care Health Consultants (CCHCs) working to improve the health and safety of children in early childhood education settings in California. Past issues are available at <http://www.ucsfchildcarehealth.org/html/healthline/enews.htm>

Greetings

There are changes afoot in the California ECE world. The California Department of Education's Early Learning Quality Improvement System (CA ELQIS) Advisory Committee was created under Senate Bill 1629 (signed 9/08), and by executive order of the Governor, and is charged with the task of developing a plan to "improve the outcomes for children and narrow the school readiness gap by improving the quality of early learning and care programs for children birth to five years old." The committee was charged with:

1. Assessing the existing ECE infrastructure.
2. Developing an early learning quality rating scale for child development programs (both infant/toddler and preschool programs).
3. The development of a funding model aligned with the quality rating scale.
4. Recommendations for how local, state, federal and private resources can best be utilized to complement a statewide funding model as part of a comprehensive effort to improve the state's child development system.

An interim report on the meetings that took place in 2009 is available on the Department of Education website at www.cde.ca.gov/sp/cd/re/sb1629committee.asp. More meetings are scheduled throughout 2010 and will focus on workforce and professional development, parental involvement and stakeholder engagement and advocacy, data for program improvement and research, and funding models aligned with the quality rating structure. Meeting times and venues can be found online at www.cde.ca.gov/sp/cd/re/elqismeeingdates.asp. Members of the public, including key stakeholders in early education programs or organizations, are encouraged to attend these advisory committee meetings and provide comment on the proposals. At the meetings attended by CCHP staff, little was said about health and safety. It is important to make your voices heard about the importance of this often overlooked (and often poorly rated when it is examined) component of quality in early childhood programs. We encourage all CCHCs (and others working in the area of health and safety in ECE) to take the time to attend a meeting, read the reports and provide comment on the importance of health and safety in early childhood programs.

Announcements

Consumer Product Safety Commission Announces Stroller Recall

About 1.5 million Graco strollers, sold at Wal-Mart, Target and other major retailers nationwide from October 2004 to December 2009, are being recalled after some children's fingertips were amputated by hinges on the products. The recall by Graco Children's Products Inc. includes certain model numbers of its Passage, Alano and Spree Strollers and Travel Systems. For more information, see the CPSC website

<http://www.cpsc.gov/cpsc/pub/prerel/prhtml10/10115.html>.

From the California Child Care Resource & Referral Network: *The 2009 California Child Care Portfolio*

The portfolio is a statewide and county-by-county report documenting the demand and supply of child care. The 2009 report combines data on licensed child care facilities and parents' request for child care gathered by local child care resource and referral agencies to help us understand the need for quality child care in California.

www.rnetwork.org/our-research/2009-portfolio.html

First 5 Launches New Website on Screening Young Children for Developmental Delays

Healthcare providers, educators, and parents can obtain information about developmental screening and early intervention resources for infants, toddlers and pre-school age children at a new user-friendly website, www.first5ecmh.org. Content for the website was developed in collaboration with the California Statewide Screening Collaborative. The California Statewide Screening Collaborative is supported through facilitation and technical assistance provided by First 5 California, the California Department of Public Health—Maternal, Child and Adolescent Health Program, and the WestEd Center for Prevention and Early Intervention. The Statewide Screening Collaborative provides shared resources on the use of standardized screening tools to identify young children with developmental delays. The new website describes screening resources, currently available for purchase at a discounted rate, that are appropriate for use during primary care office visits, and at preschools and a variety of other settings.

In Alameda County, New Resource for Providers Working With Asian American Families

The Community Consultation Group for Providers working with Asian families is a group of bilingual and bicultural providers. We are specialists and clinicians trained in infant/early childhood development, mental health and in serving children with special needs. We provide consultation on a variety of concerns. If you have questions or want to sign up for a free consultation session, please contact the group facilitators:

Katherine Chun Ph.D: 510-869-6005 email: KatherineC@acmhs.org

Lucia Milburn Ph.D: 510-428-8405 email: LMilburn@mail.cho.org

Investigation by Associated Press Finds Toxic Metal in Children's Jewelry

An investigation by the A.P. found that 12 of 103 pieces of mainly Chinese-made children's jewelry bought in the United States contained at least 10% cadmium, some contained 80-91%. Cadmium, like lead, can hinder brain development in young children, according to recent research. It also causes cancer. The Consumer Product Safety Commission issued a statement, saying the agency is now moving swiftly to prevent foreign manufacturers of children's jewelry from substituting high levels of cadmium and other heavy metals in place of lead.

www.cbsnews.com/stories/2010/01/12/health/main6087982.shtml

Resources

New Report on Health Consequences of Overuse of Disinfectants

Disinfectant Overkill, a new report from Women's Voices from the Earth, outlines the health impacts associated with common antimicrobial chemicals and safer alternatives. Also available in Spanish, [El Uso Exagerado de los Desinfectantes y la hoja de datos](#).

www.womenandenvironment.org/campaignsandprograms/SafeCleaning/disinfectants/Disinfectant%20Overkill.pdf

MCH Library Releases Online Resource Brief on Immunizations

Immunizations: Resource Brief is a guide to Web sites and other resources on immunization-related topics for health professionals, the media, policymakers, and the public. The brief, produced by the Maternal and Child Health (MCH) Library at Georgetown University, lists and describes federal agency, professional organization, and advocacy Web sites containing electronic publications that provide information on child, adolescent, and adult vaccinations and immunizations, including materials in non-English languages, policy statements, recommendations, and reports. Audio and video files, blogs, news, photos, research tools, and statistics are also presented. Selected topics include vaccine-preventable diseases; how vaccines work, types of vaccines, and availability; the benefits and risks of the most common vaccines; immunizations for specific populations; and clinical trials, immunization laws, and registries. Information on state and local resources and links to a bibliography of materials and an annotated list of organizations on immunizations and vaccines developed by the MCH Library are also provided. The brief is available at www.mchlibrary.info/guides/immunization.html.

Updated Fact Sheets Provide Information on Children of Immigrants in the U.S. and Basic Facts About Low-Income Children

The Urban Institute and National Center for Children in Poverty (NCCP) released updated fact sheets on the

demographic and socio-economic conditions of children in the U.S.

- Children of Immigrants: Immigration Trends: This fact sheet from the Urban Institute provides updated information on children of immigrants using data from the American Community Survey and other sources. Overall, the fact sheet finds that the number of children from immigrant families is expanding at a faster rate than children in native families. Among the fact sheet's findings:
 - The number of children in immigrant families doubled from 8.3 million in 1990 to 16.4 million in 2007. These children now account for more than one in five U.S. children.
 - From 1990-2007, children of immigrant families increased by 8.1 million compared to an increase of 2.1 million children in native families.
 - The rate of growth among children of immigrants was the highest during the 1990s although the population continued to increase in the 2000s.

The fact sheet is available at <http://www.urban.org/publications/901292.html>.

- Basic Facts About Low-Income Children: This set of fact sheets from NCCP provides information about children from low-income families, including number and share of low-income children, family characteristics, geographic location, and health factors. Overall, 41 percent of children live in low-income families, and 44 percent of young children (under age six) are low-income. Further information on young, low-income children is available and broken down by two age groups: birth to age three and children under age six.

The birth to age three and children under age six fact sheets are available at:
http://nccp.org/publications/index_date_2009.html.

Start Safe: A Fire and Burn Safety Education Program for Preschoolers and Their Families

Fires and burns are a big problem in America for preschool-aged children. Each year, thousands are injured or killed from accidents in the home that could be prevented. To address this problem, The Home Safety Council has developed *Start Safe: A Fire and Burn Safety Program for Preschoolers and their Families*. Funded through a grant from the U.S. Department of Homeland Security/Office of Domestic Preparedness, Start Safe provides resources for preschool teachers and administrators to work hand-in-hand with a local fire department. Working together, using developmentally-appropriate teaching tools from Start Safe, teachers and local fire safety experts can deliver life-saving lessons to the preschoolers. Perhaps even more importantly, they can also reach parents and caregivers with key safety messages and help them take action to reduce the risk of fires and burns at home. [Click here](#) to view the archived Start Safe Webinar and learn more about the program.

Start Safe Tools for Educators

Start Safe has everything you need to deliver effective preschool fire and burn safety education in the classroom or community. Materials available online include:

- [Eight-page teacher's guide with bilingual student activities](#) (This website requires you to register to access the materials.)
- [Eight-page expert guide with bilingual student activities](#) (This website requires you to register to access the materials.)
- ["I Spot Something Hot!" Big Book for classroom reading](#) (This website requires you to register to access the materials.)
- [I Spot Something Hot" Video \(English\)](#)
- ["I Spot Something Hot" Video \(Spanish\)](#)
- ["I Spot Something Hot" Song](#)
- ["I Spot Something Hot" Song Lyrics](#)
- [Hand puppet activity](#) (This website requires you to register to access the materials.)
- [A program evaluation form](#) (This website requires you to register to access the materials.)
- [Start Safe Program Certificate](#) (This website requires you to register to access the materials.)
- [Start Safe Program Certificate of Appreciation](#) (This website requires you to register to access the materials.)
- [Video Segment 1: Getting Started in Your Community](#)
- [Video Segment 2: What's in the Start Safe Program?](#)
- [Video Segment 3: Age-Appropriate Learning](#)
- [Video Segment 4: Evaluating the Start Safe Program](#)
- [Frequently Asked Questions](#)

Early Intervention to Mitigate Learning Difficulties

Response to Intervention is an early intervention approach that can prevent or mitigate the occurrence of language, literacy, and academic learning difficulties. This program has been adapted for pre-K settings and is reviewed by staff from Frank Porter Graham in *Roadmap to Pre-K RTI: Applying Response to Intervention in Preschool Settings*, available online at www.rtinetwork.org/images/stories/learn/roadmaptoprekrTI.pdf.

New Resources on The National Child Care Information and Technical Assistance Center (NCCIC) Website
Child Assessment <http://nccic.acf.hhs.gov/pubs/goodstart/assess-eval1.html> and State Emergency Preparedness Plans for Early Childhood Programs <http://nccic.acf.hhs.gov/poptopics/disasterprep.html>.

IAC Express: Immunization News From the Immunization Action

A web page version of this issue is available at <http://www.immunize.org/express/issue850.asp>

Video Proceedings From the 2008 National Symposium on Early Childhood Science and Policy

Harvard's Center on the Developing Child has videos of the proceedings from the [National Symposium on Early Childhood Science and Policy](#) available online at http://developingchild.harvard.edu/library/multimedia/symposium_presentations_and_videos/. The handouts for these presentations are also available. The symposium offers information on current scientific knowledge and evidence-based conclusions drawn from extensive evaluations of early childhood programs, policies and interventions.

Reports

Special Report: Little Progress Made on Children's Oral Health

The entire November-December issue of the journal *Academic Pediatrics* addresses children's oral health. The journal articles cite evidence that there has been a lack of improvement in reducing tooth decay, especially in younger, poor children. Families of children with special health care needs also continue to identify dental care as their child's highest unmet health need, with financial issues being the most common barrier. Overall, children are still more than twice as likely to lack dental as medical coverage. There is a shortage of pediatric dentists. Dental students also lack adequate pediatric educational experiences, partly because of shortages of pediatric dental faculty. There is also inadequate attention to the behavioral, developmental, social, and cultural issues in the care for young children. *Academic Pediatrics*. 9(6)

Report Recommends Higher U.S. Investment on Early Childhood Education

A new report from the Organization for Economic Co-operation and Development (OECD) recommends that the U.S. government spend more money on children in the first six years of their lives. The report, *Doing Better for Children (2009)*, shows that the U.S. spends about \$20,000 per child up to age 6 whereas the average OECD member country spends the equivalent of \$30,000. This pattern reverses as children get older. Total spending per child in the U.S. is \$140,000, significantly more than the OECD average of \$125,000. Yet U.S. children do less well than their peers in most other OECD countries in areas such as health and education. To access the report, go to www.oecd.org/document/12/0,3343,en_2649_34819_43545036_1_1_1_37419,00.html.

Creative Financing Structure for Infant-Toddler Services

ZERO TO THREE and the Ounce of Prevention Fund have released a joint policy brief, *Inspiring Innovation: Creative State Financing Structures for Infant-Toddler Services*. This new brief highlights the work of four states – Illinois, Kansas, Nebraska, and Oklahoma—that have developed innovative financing structures to support services for at-risk infants and toddlers. It reveals key policy elements that cut across all four states, as well as strategic decisions, lessons and recommendations critical to the establishment of particular financing structures that support high-quality programs for infants and toddlers. Our hope is that the brief will inspire other states to advocate for, develop, and implement new financing structures to support services for at-risk infants and toddlers. The document is available at www.zerotothree.org/statefinancing.

CLASP Reports on Research and Policy to Support the Healthy Growth of Infants/Toddlers in ECE

CLASP has added two new papers to its series of infant/toddler care resources. The papers are part of CLASP's *Charting Progress for Babies in Child Care Project*, an ongoing initiative to highlight state policies that support the healthy growth and development of infants and toddlers in child care settings and provide online resources to help states implement these policies. The foundation of the project is a policy framework comprised of four key principles describing what babies and toddlers in child care need and 15 recommendations for states to move forward. CLASP's latest papers link research and policy on two of the project's policy recommendations:

- *Establish Core Competencies*: CLASP recommends that states establish a core body of knowledge, skills, and expertise that providers and caregivers need in order to give babies and toddlers quality care, based on current research on social, emotional, cognitive, and physical development. This document presents supporting research, ideas for how state child care licensing, subsidy, and quality enhancement policies can move toward this recommendation, state examples, and online resources for state policymakers. The research paper is available at: www.clasp.org/admin/site/publications/files/cp_rationale1.pdf.
- *Provide Access to Education, Training, and Ongoing Support*: CLASP recommends that states seek to ensure access to

specialized professional development for providers working with infants and toddlers, including participation in higher education programs, community-level training, ongoing individualized consultations, and access to appropriate information and supports for caregivers, so that all those who care for infants and toddlers in all settings understand and implement a core body of knowledge and skills. This document presents supporting research, ideas for how state child care licensing, subsidy, and quality enhancement policies can move toward this recommendation, state examples, and online resources for state policymakers. The research paper is available at: www.clasp.org/admin/site/publications/files/cp_rationale2.pdf.

Research

Delaying the Introduction of New Foods May Increase Allergy Risk

Parents who delay introducing certain solid foods to young children may raise the risk of food allergies rather than reduce them according to this study. Late introduction of some foods raised the likelihood a child would be sensitized to the food by age 5, and the link was strongest for eggs, oats and wheat.

Nwaru, B. I., Erkkola, M., Ahonen, S., Kaila, M., Haapala, A.-M., Kronberg-Kippila, C., et al. (2009). Age at the Introduction of Solid Foods During the First Year and Allergic Sensitization at Age 5 Years. *Pediatrics*, peds.2009-0813.

From RWJF: What Child-Care Setting Are, and Are Not, Doing to Provide Children With Healthy Foods and Opportunities for Physical Activity

Today more than 24 percent of U.S. children ages 2 to 5 are overweight or obese. Because almost three quarters of children ages 3 to 6 attend some form of child care, such settings have an important role to play in ensuring children have access to healthy foods and opportunities for physical activity from a young age. Two RWJF studies examine the opportunities for healthy eating and physical activity in child-care settings.

- An RWJF-funded study published recently in the *Archives of Pediatrics and Adolescent Medicine* finds that the majority of the nation's Head Start programs report doing more to support healthy eating and physical activity among children than is required by existing federal regulations. For instance, 70 percent of programs reported serving only non-fat or 1 percent fat milk, and three quarters of programs reported providing children with at least half an hour of adult-led physical activity each day. [More information on the study.](#)
- A collection of state-by-state ratings of child-care settings, *Preventing Obesity in the Child-Care Setting: Evaluating State Regulations*, has less encouraging findings regarding state regulations. The report examines policies regulating healthy eating and physical activity in child-care settings in all 50 states, the District of Columbia, Puerto Rico, the Virgin Islands and Department of Defense programs, comparing them to model regulations. It found that many states could be doing more to support healthy eating and physical activity in child care, but also that making such changes should be straightforward given widespread agreement among experts on the model regulations. [More information on the report.](#)

Autism Intervention for Toddlers Improves Developmental Outcomes

Children with autism who receive a high intensity developmental behavioral intervention starting by age 18-30 months show major improvements in IQ, language, adaptive behavior, and severity of their diagnosis, according to an NIMH-funded study. Current guidelines by the American Academy of Pediatrics recommend screening children for autism spectrum disorder (ASD) by age 18 months. However, no randomized clinical trials of intensive interventions for this age group had been conducted until now. A recent intervention study finds that a comprehensive, 20 hour per week, developmental behavioral intervention designed for toddlers with ASD as young as 12 months old results in gains of 15.4 IQ points on average. Children also showed consistent improvement on measures of communication skills as well as improvements in motor skills, daily living skills, and other adaptive behaviors. Children were assessed yearly for two years or until the child turned four years old, whichever was longer. Children in the comparison group fell further and further behind over time. Results suggest that a comprehensive developmental behavioral intervention designed for toddlers with ASD delivered at a very young age may be more effective than other approaches. The researchers noted that parents' use of the intervention strategies at home may have been key to this intervention's effectiveness. The researchers plan to follow this study's participants to determine whether the effects of the intervention can be sustained over time.

Dawson G, Rogers S, Munson J, Smith M, Winter J, Greenson J, Donaldson A, Varley J. Randomized, Controlled Trial of an Intervention for Toddlers With Autism: The Early Start Denver Model. *Pediatrics*. 2009 Nov 30. [Epub ahead of print] PubMed PMID: 19948568.

Parent Training Complements Medication for Treating Behavioral Problems in Children With Pervasive Developmental Disorders

Treatment that includes medication plus a structured training program for parents reduces serious behavioral problems in children with autism and related conditions, according to a study funded by the National Institute of Mental Health (NIMH). The 24-week, three-site trial included 124 children ages 4 to 13 with pervasive developmental disorders (PDD) such as autism, Asperger's or related disorders accompanied by tantrums, aggression and self-injury. The children were randomized to a combination of risperidone and parent training, or to risperidone only. Parents in combination therapy received an average of 11 sessions of training over the course of the study. Parents were trained to manage their children's severely disruptive and noncompliant behavior. They were also taught to modify their children's behavior and learned to enhance their children's daily living skills. Although both groups improved over the six-month trial, the group receiving combination therapy showed greater reduction in behavioral problems like irritability, tantrums and impulsiveness compared to the group receiving medication only. The combination therapy group also ended the trial taking an average dose of 1.98 milligrams (mg) per day of risperidone, compared to 2.26 mg/day in the medication-only group—a 14-percent lower dose. However, children in both groups gained weight.

Aman MG, et al (2009) Medication and parent training in children with pervasive developmental disorders and serious behavior problems: results from a randomized clinical trial. *Journal of the American Academy of Child and Adolescent Psychiatry*. 48(12):1143-1154.

New Evidence of Harmful Effects of Phthalates

Researchers from Turkey found higher blood levels of the most commonly used plasticizer, DEHP, in a group of boys with pubertal gynecomastia (abnormal enlargement of the breasts), a common condition seen in up to 65 percent of adolescent boys. The condition usually resolves on its own after boys get through puberty. Researchers determined levels of DEHP, and its byproduct MEHP, in 40 boys aged 11 to 15 with gynecomastia and 21 healthy age-matched boys with no history of gynecomastia. DEHP was detected in all blood samples and MEHP in all boys with gynecomastia and in 19 of 20 control boys. Blood DEHP levels were markedly higher in the boys with gynecomastia than in those without this condition. MEHP levels were also much higher in the boys with gynecomastia than their healthy counterparts. Boys with the highest MEHP levels had a nearly 25-fold higher risk of breast enlargement than those with the lowest levels. While the mechanism by which phthalates cause gynecomastia is not yet known, the study authors recommend trying to limit exposure of children to phthalates by avoiding the use of plastic cups, baby bottles, and food coverings, particularly for hot foods, especially in microwave ovens. The researcher also advised against using plastic toys.

Durmaz, E., Ozmert, E. N., Erkekoglu, P., Giray, B., Derman, O., Hincal, F., et al. (2009). Plasma Phthalate Levels in Pubertal Gynecomastia. *Pediatrics*, peds.2009-0724

Research Links Bottled Water to Cavities in Children

Researchers said 62% of children at an oral health clinic in the San Francisco area had cavities by age 2 and the only modifiable risk factor they could find was bottled water. They said more than half of the children with cavities drank bottled water that had fluoride filtered out. www.medscape.com/viewarticle/712605 (requires free registration)

Another Study Provides Further Evidence That the MMR Vaccine Has No Effect on the Development of Autism

This case control study of the relationship between Measles Mumps-Rubella vaccine and the development of autism found a lower risk of developing autism for children vaccinated against measles, with the lowest risk being found for children vaccinated with MMR.

Mrozek-Budzyn, D., Kieltyka, A., & Majewska, R. (2009). Lack of Association Between Measles-Mumps-Rubella Vaccination and Autism in Children: A Case-Control Study. *Pediatr Infect Dis J*.

Traffic-Related Air Pollution Worsens Asthma in Children

A comprehensive and systematic review of 700 peer-reviewed studies of the health effects of traffic-related air pollution finds that the evidence is sufficient to support a causal relationship between exposure to traffic-related pollution and asthma exacerbations in children. Evidence also suggests that pollution exposure may play a role in causing asthma and there may be other health effects such as impaired lung function and cardiovascular morbidity and mortality as well. The study was done by the nonprofit Health Effects Institute, based in Boston and jointly financed by the Environmental Protection Agency and the auto industry to help assure its independence. Its reports are peer-reviewed but are not published in a scientific journal. <http://pubs.healtheffects.org/view.php?id=334>

Individual Toxic Metals in Air Pollution Linked to Asthma Symptoms in Very Young Children

High air pollution levels have previously been linked to asthma symptoms in children living in urban areas with heavy traffic. This study is one of the first to investigate the types of particles that may be the most harmful. The study found that high ambient levels of the metals nickel and vanadium were risk factors for wheezing, while exposure to carbon particles, a byproduct of diesel exhaust, was associated with coughing during the cold and flu season. Total amounts of airborne particles were not associated with wheeze or cough, suggesting that individual ingredients of air pollution may be responsible for asthma symptoms in young children. The EPA currently sets air pollution standards based on total mass of fine particles.

Patel, M. M., Hoepner, L., Garfinkel, R., Chillrud, S., Reyes, A., Quinn, J. W., et al. (2009). Ambient Metals, Elemental Carbon, and Wheeze and Cough in New York City Children through 24 Months of Age. *Am. J. Respir. Crit. Care Med.*, 180(11), 1107-1113.

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